## Case 19-13651-elf Doc 32 Filed 08/30/19 Entered 08/30/19 15:39:00 Desc Main Document Page 1 of 2

Fill in this information to identify your case:									
Debtor 1				_					
First Name  Debtor 2	Middle Name L	ast Name							
(Spouse, if filing) First Name	Middle Name L	ast Name		_					
United States Bankruptcy Court for the:	District of								
Case number				Check if t	Check if this is:				
(If known)					☐ An amended filing				
					plement showing postpetition chapte e as of the following date:	er 13			
Official Form 106I					MM / DD / YYYY				
Schedule I: Your Income					12/1	15			
supplying correct information. If yo	ou are married and not filingse is not filingse is not filing with you, do top of any additional page	g jointly, and you o not include info	r spo rmati	ouse is living with y ion about your spo	or 2), both are equally responsible for you, include information about your s use. If more space is needed, attach a known). Answer every question.	pouse.			
Part II. Boscinso Employim	OII.								
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse				
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed☐ Not employe	d		☐ Employed☐ Not employed				
Include part-time, seasonal, or self-employed work.									
Occupation may include student or homemaker, if it applies.	Occupation								
	Employer's name								
	Employer's address								
	Employer 5 dadress	Number Street			Number Street				
		City	State	e ZIP Code	City State ZIP Code	<del></del>			
	How long employed there	?							
Part 2: Give Details About	Monthly Income								
		If you have nothin	a to r	eport for any line, w	rite \$0 in the space. Include your non-fili				
spouse unless you are separated.  If you or your non-filing spouse ha	ve more than one employer,	combine the infor	Ü		,	ig			
below. If you need more space, at	tach a separate sheet to this	form.							
				For Debtor 1	For Debtor 2 or non-filing spouse				
List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	\$				
3. Estimate and list monthly over		3.	+\$	+ \$					
4. Calculate gross income. Add lin	ne 2 + line 3.		4.	\$	\$				

Official Form 106l Schedule I: Your Income page 1

Debtor 1

First Name Middle Name Last Name

Case number (if known)\_

			For Debtor 1	For Debtor 2 o	
Cop	y line 4 here	<b>→</b> 4.	\$	\$	
5. <b>List</b>	all payroll deductions:				
5a	5a. Tax, Medicare, and Social Security deductions		\$	_ \$	
5b	Mandatory contributions for retirement plans	5b.	\$	_	
5c	Voluntary contributions for retirement plans	5c.	\$	\$	
5d	Required repayments of retirement fund loans	5d.	\$	\$	
5e	Insurance	5e.	\$	\$	
5f.	Domestic support obligations	5f.	\$	\$	
5g	Union dues	5g.	\$	\$	
-	Other deductions. Specify:	5h.	+\$	_ + \$	
6. <b>Ac</b>	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	_ \$	
- 0-		7	Φ.	Φ.	
7. Ca	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. <b>Lis</b>	all other income regularly received:				
8a	Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				
	monthly net income.	8a.	\$	\$	
8b	. Interest and dividends	8b.	\$	\$	
80	Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d	Unemployment compensation	8d.	\$	\$	
8e	. Social Security	8e.	\$	_ \$	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce 8f.	\$	\$	
_	Specify:		Ψ	_ Ψ	
	Pension or retirement income	8g.	\$	_ \$	
	. Other monthly income. Specify:		+\$	_ +\$ ¬ г	
9. <b>Ac</b>	<b>d all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
	culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. \$	\$	
11. <b>St</b> a	te all other regular contributions to the expenses that you list in Sche	dule .	J.	_	
	ude contributions from an unmarried partner, members of your household, ands or relatives.	your c	dependents, your ro	oommates, and other	
Do	not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay exp	enses listed in Sched	dule
Spe	cify:				1
	the amount in the last column of line 10 to the amount in line 11. The			•	
Wri	te that amount on the Summary of Your Assets and Liabilities and Certain S	Statist	tical Information, if i	t applies	1
	you expect an increase or decrease within the year after you file this	form	?		
	No.				
	Yes. Explain:				